

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51									
2							52									
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46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEP.	10															
TOTAL CLAIMS	11															